



TOWN OF NARRAGANSETT
Town Hall • 25 Fifth Avenue • Narragansett, RI 02882
Tel. (401) 782-0610 Fax (401) 788-2572

OFFICE OF THE HUMAN RESOURCES MANAGER

Application for Seasonal/Temporary Employment

Please print information and complete entire application.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Home	Cell
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Please answer the following questions:

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes/No

Are you currently employed? Yes/No. May we contact your present employer? Yes/No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes/No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time _____ Part Time _____ Shift Work _____
Temporary _____

Are you currently on "lay-off" status and subject to recall? Yes/No

Have you been convicted of a felony within the last 7 years? Yes/No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____.

Do you have any friends or relatives that are currently employed with the Town?

Names: _____

Education

High School	Years Completed	Graduation Date
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College/Technical School	Years Completed	Graduation Date
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Please attach additional information that you would like to be considered in review of your application.

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	<hr/>	<hr/>	<hr/>
	Employer/Company Name	Supervisor Name	Employer Tele. #(s)
	<hr/>	<hr/>	<hr/>
	Employer Street Address	Job Title	Hourly Rate/Salary
	<hr/>	<hr/>	<hr/>
	Employer State Zip Code	Dates Employed To/From	
	<hr/>		
	Reason for leaving		
2.	<hr/>	<hr/>	<hr/>
	Employer/Company Name	Supervisor Name	Employer Tele. #(s)
	<hr/>	<hr/>	<hr/>
	Employer Street Address	Job Title	Hourly Rate/Salary
	<hr/>	<hr/>	<hr/>
	Employer State Zip Code	Dates Employed To/From	
	<hr/>		
	Reason for leaving		

References

<hr/>		
Name	Address	Phone #
<hr/>		
Name	Address	Phone #

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at Will" nature, which means that the Employee may resign at any time and the employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of applicant	Date